

PHASE II OF THE ASSESSMENT OF ALCOHOL USE IN MINORITY WOMEN
PRINTOUT FOR PROVIDERS DURING PATIENT ENCOUNTERS

General Information	Patient Information
Today's Date: _____ CASI ID #: __ __ __ __ Patient ID: _____	Age (in years) : _____ Currently Pregnant? (Yes/No/Don't know/refused)* Current smoker? (Yes/No)

“*” : For purposes of risk assessment, any woman with a response of 'don't know' or 'refused' was considered as currently pregnant.

Guidelines	Alcohol Risk Assessment
DAILY MAXIMUM RISK STATUS: Q.10 Pregnant: 0 = low risk 1+ = high risk Not Pregnant: 0-3 = low risk 3+ = high risk	Daily maximum: __ (<u>Low/high</u>) Risk
WEEKLY QUANTITY RISK STATUS: Q8 Q9 Pregnant: 0=low risk 1+=high risk Not Pregnant: 0-7=low risk 8+=high risk	Weekly average: __ (<u>low/high</u>) Risk Weekly average = __ days/wk drink X __ drinks on typical day
TWEAK STATUS: Pregnant: 0=low risk 1+=high risk Not Pregnant: 0-1=low risk 2 = mod risk 3+ = high risk	SCORE ⁺ : __ (<u>low/moderate/high</u>) Risk T(# hold) __ __ (don't know/refused) W(orried) (Yes/No/don't know/refused) E (ye opener) (Yes/No/don't know/refused) A (mnesia) (Yes/No/don't know/refused) K(ut down) (Yes/No/don't know/refused)

‘+’: A range is provided for the score when one or more component is missing. The lower value of the range is the actual score and the higher value of the range is the score including the missing component by assuming the highest risk value for the missing item.

PLEASE COMPLETE DURING ENCOUNTER AND RETURN TO RESEARCH COLLECTION AREA.

Provider Assessment and Intervention		
1. Based on your professional opinion, do you have any concerns about this patient's alcohol use? <div style="text-align: center;">1 Yes 2 No</div>		
2. Was the patient given any of the following for alcohol drinking:	<u>YES</u>	<u>NO</u>
a. Educational brochure	1	2
b. Brief counseling or advise (less than 3 minutes)	1	2
c. Extensive counseling (greater than 3 minutes)	1	2
d. Referral for alcohol services	1	2
e. Other (SPECIFY) _____	1	2